### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	2	0	63	6	L
E OF D	EATH	MONTH		DAY	YEAR	26 HOUR	1

FOR STATE REGISTRAR			EALTH AND MENTAL HYG	BIENE B LEG. NO	. 2 0	46	2
1. DECEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	1
Dai	sv	C	Adams	July 7.1		6:45	Рм
3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 2.	A HRS
FEMALE	BLACK	MAR	CH 4, 1928	59	YRS.		,,,,,,
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
MARYLAND		ATES	D DIVORCED	Charles			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE) IN	. KIND OF BUSINES DUSTRY	S OR
La Plata	Physicians		. Hosp <b>f</b> tal	HOUSEWIF	E . I	PRIVATE	
USUAL RESIDENCE (IF NURSING HOME IN 136 COL	JNTY 13c. CITY		13d INSIDE CITY LIMITS?	ROUTE 1		0/ 20662	
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
ALEXANDER	A	DAMS	RUTH			THOMPSON	1
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	-26-2126	Joan Will	iams N. Sy	edford nacuse		
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI.  Conditions, if ony, which gove rise to immediote cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CO	TE RESPI	of color	RESST N VER		APPROXIMATE INTERV. BETWEEN ONSET AND DI	ÊATH_
PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBU	TING TO DEATH BUT		20a AUTOPSY?	20b. IF YES, WEF	PART 110  RE FINDINGS USED CAUSES OF DEATH NO	1?
	UOUD A 44 440		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	R PART 2)	T
(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M.	19					-
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	- M - M -	19, or	nd that in (my) (our) opinion	deoth occurred on the d			
226. SIGNATURE	f. Nath			MEDICAL STA	FF	78887	
224 PHYSICIAN'S NAME (TYPE Dr Mathur	OR PRINT)		Waldorf, Md				
230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	7-10-87		CHARLES	23d. LOCATION CITYOR TOWN GLYMON			ÎD.
24 FUNERAL DIRECTOR NAME THORNTON FI	INEDAT HOME	ADDRESS DOMON	F.	TE RECD 3 RE987	25h RECHSTR	JIGNATUE	À

POMONKEY,

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTO

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THORNTON FUNERAL HOME

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oge 4 moy	3. SE	Mali.	Can.	5. DATE O	PERITH ON JEAR 3	6 AGE (IN YEARS LAST BIRTHE	MONTHS. DATS	IF UNDER 24 HRS HOURS MIN.
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MARYLAND 2120  ed within 24 hours  mpletely filled in b  md 2 shoold be file  Franklice massible in	130.	STATE , 136 COUNT			13d. INSIDE CITY LIMITS? YES NO 1		arner Ai	20601
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NST., BAL) recrificate ng physicic banpaper removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: (1)	natory	Collagne.	enerall	APPROX BETWEEN 2	MATE INTERVAL ONSET AND DEATH
W, PRESTON of the death ce of the attending te remove corb cremation, or r		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	arrived to	lung	3,	minh
201 W. PI es that the med by the modes rem mod, creming,		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	enna	princy	in prut	nt. 9,	menh
	NOT	PART 2 OTHER SIGNIFICANT CO					TION GIVEN IN PART 11	
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO		YES NO	70b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion. After this certificat he be used to study the ord Mentolation in the ond Mentolation in the ond mentolation in the ord mentolation.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM 18 PART ( OR PART 2)	
DIVISION OING PHY: or otherdir After this e as the bush old h marked or	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, (	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
spital or spital or spital or use for use of Heal		220.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (dra nat)	7-10-87		d that in (my) foot) apinion d	eath occurred on the date		that (Indive) lost causes stated
the horner of the DIRE efforce of Depth in If the		276 SICHATURE WOO	ddy.	MO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	7/1	SIGNED 1/87
TO HOSPITAL retained by the TO FUNERAL should be deti with the State		276. PHYSICIAN'S NAME (TYPE ORE	O WOODDY	M.D.	27e. ADDRESS  LA PLA	TA, MD.		
BP	230.	BURIAL, CREMATION, REMOVAL	7/14/87	Resurred	emetery or crematory	23d LOCATION Clinton	P.G. Man	ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	uneral director eorge P. Kalas Fi	616 uneral Home	Oxon Hi	ill Rd. "JUL"	1 4 1987 gu	REGISTRAR'S SIGNAT	

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IMPORTANT: If Item 21 is marked at Item 15 in

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF I	DEATH	8 / PEG N	الم	- 0	
DECEASED NAME	FIRST	MIDDLE	The state of	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR D
, OR FRINTI	Blanche	Cora	B	owie		July 2	2 19	87	8.15 M
SEX	4. RACE	0020	5. DATE O	OF BIRTH		6. AGE IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER ZATHRS
temal.	Ca	u.	09	1.5	1947	39	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF F	DREIGN 76. CITIZEN	OF WHAT COUNTRY?	8.	DXXNEVER.		9 BALTIMORE CITY		Y OF DEATH	
Virginia	11	S of A	WIDOWE		WORCED T	011			MD
O. CITY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSIN			-	Charle		12b. KIND C	OF BUSINESS OR
LaPlata		SUCH FACILITY, GIVE STREET		1 11		ITYPE OF WORK FOR MOST			
ISUAL RESIDENCE (IF NURSI	ING HOME OR OTHER INSTITUT	cians Mem	er 1a	I Hos	pitol	HOUSEWIF	<u> </u>	I AT I	HOME
30. STATE	13b COUNTY	13c. CITY OR TOW	N	13d. INSIDE C		13e STREET ADDRESS	_		
MARYLAND  4 FATHER'S NAME	CHARLES	LA PLA	TA	YES	NO XX	STAR RT.	2 BOX	X 2239	/20646
FIRST	MIDDLE	LAST		IS. MOTHER	FIRST	WE		LAS	51
JIMMIE		LAMB			EARL			TAYI	LOR
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE		JRITY NO.	17 INFORMA	ANT	ADDI	ESS ST.	.RT.2 B	BOX 223
NO	N/A	228-68	-8842	JOSE	PH R.	BOWIE, LA	PLAT	ra, MD.	20646
		per line for (o), (b), on	d (c).)	1	11111			BETWEEN	ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY. IMMEDIATE CAUSE (a.	Towne	schl	un	espor	at Coll	me	6	lu
		O OR AS'A CONSEQUE	ENICE OF	7					
Conditions, if ony,			ic a	ment				31	mi-
gove rise to imm cause (a), stating	ediote	OR AS A CONSEQUI				0	TRUE O		0
underlying cause	last	Secul	TE	ader	olana	= of di		1M	conth.
PART 2 OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	VDITION GI	IVEN IN PART I	0
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190 DATE OF OPERAT	ION 19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
Ĕ						YES TO NOT		FYING CAUSES	OF DEATH?
210. ACCIDENT WAS UND		E OF INJURY		21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN)			
	AUSE OF DEATH	A.M. MONTH D							
(IF EITHER NOTIFY MEDIC  21 d. INJURY OCCURR		P.M. CE OF INJURY	19	211. LOCATION	ON				
WHITE NOT WHI	LE (AT HOM	E, STREET, FACTORY, OFFICE, F	ARM ETC )	STREE		CITY OR T	NWC	COUNTY	STATE
AT WORK AT WOR	^		TI	10-1	(7)	Tul	27	01	
saw the decease	(this hospital) attende	the deceased from 7	87	ad sheet in /my/		death accurred on the		, 19 <u>6-7-</u> ,	that (I) (ye) lost
abave, (I) (Me) (d	id) (did not) view the b	ody after death.			(per) opinion (	deoth accurred on the c	Jare ond no		
226 SIGNATURE		0 117		DEGREE	ATTENDING	MEDICAL STA	A C C	22t. DATE	SIGNED
XIN	Novaa	1110.					ICIAN [	1-h	12-0-
THE PHYSICIAN'S NA	ME (THE OWNERS)	1		22e ADDRES	SS .				
Ar	thur 0.	Wooddy, M	.D.	LaP	lata.	Maryland	206/	46	
30 BURIAL, CREMATION, F				EMETERY OR		23d LOCATION	- 41115		
BURIAL	07-2	25-87 M				CITY OR TOWN		COUNTY	STATE
14 FUNERAL DIRECTOR	10 / 2	0, 10	Ulil	VET C	25d. 6 A T	AN DRAKE	R 156 REGIS	GREEN-	TURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
6 1 3 5 1 JUL 30	87	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF PEATH REG. NO	, 6 5
Main Sei	1. DE	CRASED NAME FIRST	IGNATIUS BY JR. 20. DATE KNOWN & MONTH	24 ST 18 14 HOU
RY PLEA DIRECTIO DIRECTIO DIVERSITIES ON STREET	3. SEX	N A RACE	S. DATE OF BIRTH MONTH  2 5 25 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS.) 26. DATE MONTH  CAST BIRTHDAY)  MONTHS  DAYS  HOURS  MIN  PRONOUNCED DEAD	24 19 ST 9 45
CCSS-	FO	THPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  U.S.A.  **MARRIED **MARRIED **DIVORCED **DIVORCED **Charl**  WIDOWED **DIVORCED	es Co.
PAGE 6	III CI	TY OR TOWN OF DEATH  LaPlata	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  Physicians Memorial Hospital  12a. USUAL OCCUPATION (TYPE OF WORKING LIFE) FOR MOST OF WORKING LIFE) Plumber	MIL
a Condition	130. S	ATE 1136, COUN	Mary's Mechanicsville No X Rt. 4, Box 2	78/20659
BALTIMORE, MO RS AFTER DEATH. GIVE PAGES 1. VITH FORM PM. PAGES 1 AND 2. DIXISION OF VIT			middle gnatius Butler Sr. Mary Elizabeth  RMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS	Countiss
ALTIMOR AFTER DE INF PAGE 14 FORM AGES 1 A AGES 1 A	(Y	(AS DECEASED EVER IN U.S. AR. (IF YES, GIVE	100. SOCIAL SECURITY NO. 11 INFORMANI 220-34-4650 Laura Lee Butler, same	as 13e.
W. PRESTON ST., VWITHIN 24 HOUJ FENCIL IN ITEM 18 MINER ALONG'Y FENNSIT PERMIT INTAL HYGIENE, OR REMOVAL.		PART I DEATH WAS CAUSE	ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SHOULD BE ORD "PENDI ORD "PENDI ORD "PENDI ORD "PENDI ORD HELT OF HEALT! TO F HEALT! OF HEALT! OR SHOW IN TO F HEALT!"	FICATI	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
E. THIS CERTIFICATE SHE FE, WRITING THE WORL RWARDED TO THE CH STATE DEPARTMENT O 5, 21201 PRIOR TO BUR	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		
DIVISION THIS CERTENARDED PAGE 3 SI STATE DEP	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		COUNTY STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WING PAGE 4 SHOULD BE FORWAR AFTER DEATH, WITH HE STATINGORE, MARYLAND, 212		The second second	rge of the remains described abave, held an Autopsy , Inspection , Inquiry , ond in my unal course . Accident , Suicide , Hamicide , Undetermined manner , DAT , DAT , MEDICAL EXAMINER SIG	1 Na
TO MEDICA EXECUTE TI TO FEE SH TO AFTER DEA BALTIMORI		EXAMINER'S NAME (TYPE OR PRINT)	f.M. Hat M ADDRESS 1020 Destey D1, LaPlata	M 20646
Bb	(:	JRIAL, CREMATION, REMOVAL Burial	7-28-87 Queen of Peace Helen, St. Mary	
DHMH - 17 (VR A15 ME (5)) 20M 4/B2		NAME W.Clarke Mat	tingley, Leonardtown, MD.   250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S	SIGNATURE

# STATE OF MARYLAND

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DEP	ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE	
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or. 4 mo	3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	_	UNDER I YEAR	HOURS MIN.
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no 72 no 72	MARILAND		UNITED	STATE	MARRIE		Charles	5	PEATH	MD.
ofter d wit	T .	TY, OR TOWN OF DEATH  Plata	(IF NOT IN SUCH I	FACILITY, GIVE STREET	ADDRESS)	Hospital	EXPLOSE TV		126. KIND C INDUSTRY ER	GOVERN.
ND 21201	USU. 130. S	AL RESIDENCE   IF NURSING HOME OF STATE   13b. COUR MARYLAND   CHA	VTY 1	IVE RESIDENCE BEFOR  3c. CITY OR TOV  NANJEM	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		1/0/	0660
ARYLAND  Illin 24  Illin 24  Illin 3 filled  Illin 3 filled  Illin 3 filled	14. FA	THER'S NAME FIRST	WIDDLE	LAST	01	15. MOTHER'S MAIDEN N.	ROUTE 1	50X 93	LAS	ST
X I II		JOHN VAS DECEASED EVER IN U.S. AR		LAWSON 65 SOCIAL SECT	IDITY NO	GENEVA 17. INFORMANT	ADDR	ESS	DORSE	<u> </u>
BALTIMORE The beautiful to the property of the	160 WAS DECL (YES NO OR) NO		E WAR OR DATES)			Joseph E.		Rt.#1 Nanje	Box moy,	333A Md, 206
res that the death certificates that the attending the please remove corbin or recovered corporation, or resolving, or other traumatic eventy, or other traumatic eventy.	NOI	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR A  DUE TO, OR A  DUE TO, OR A  (b) C	AS A CONSEQUAS A CONSEQUAS A CONSEQUANCE OF A START OF	ENCE OF TATI	OF LUNG		IDITION GIVER	V IN PART 11	0
LI RECORDS, he low requiren. has been sign permit. There ene prior to be one so ony injury.	CERTIFICATION	190 DATE OF OPERATION	19h CONDITI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFYI YES		NGS USED S OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The ottending physician differ this certificate has she burial-transing the and Mental Hygier orked or hem 18 show orked or hem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH D	AY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	1 1 OR PART 2)	
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NTENDINI spital or o CTOR: Aft for use as of Health	4	220 I certify that (I) (this hosp sow the deceased alive an abave, (I) (we) (did) (did no	7-23-	£719_		d that in (my) (our) opinion	to 7-23	6		that (I) (we) lost causes stated
At OR A the hos At DIREC		226. SIGNATURE	. Math	~	con	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		SIGNED 4/87
TO HOSPITAL C retained by the TO FUNERAL should be detail with the State I		22d PHYSICIAN'S NAME (TYPE OF Mathur M.D.	OR PRINT)			Waldorf,	Md 20601			
BP	23o 8	BURIAL, CREMATION, REMOVAL BURIAL	7-28-8			EMETERY OR CREMATORY OVE BAPTIS'	CITY OR TOWN	N CH	ARLES	STATE MD.
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR					TELREC'O BY/REGISTAL			
(VRA 15, 4)		THORNTON FUNI	ERAL HON	ME ADDRESS	POMON	KEY, MD	0 2 1 1301	9.	657	n. Kandael

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3 SE	X	LEW]	RACE	EDWARD	5. DATE C	DAVIS OF BIRTH		6 AGE (INYEA	RS LAST BIRTHDAY	1987	NDER 1 YEAR	# UNDER 24 HRS
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	MARYLAND		U.S	5.A.	MARRIEI	NEVER	MARRIED U	CILA	- T F C			MD
10 C	ITY OR TOWN OF DEATH	11.	NAME OF H	HOSPITAL, NURSI	ING HOME C			12a USUAL O			126. KIND O	F BUSINESS OR
	LA PLATA	P		HEACILITY, GIVE STREE		АТ. НО	SPITAL		OR MOST OF WOR		STATE	HWY.AD
USU 130	AL RESIDENCE LIF NURSING	HOME OR OTH	ER INSTITUTION.	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE O		13e.STREET AL	DDESS / 710	CODE		
	MD.	CHAB	LES		OBACC		NO X	RT.#		X 11	162	20677
14. F	ATHER'S NAME	MIDD	ni E	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE	1	LAS1	
	BRADFORD	Miloc		DAVIS		K	ATIE		MIDDLE		POS	EY
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMEL		16b. SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS			
, i	NO		CK OK OKIES)	217-14	-7839	FRAN	CES DA	VIS	SAME	AS	#13	
	18. CAUSE OF DEATH	Enter only o	ne couse pen	line for (g), (b)	deficit U	111 00	F12	20111	1716	XI	APPROXU BETWEEN C	MATE INTERVAL DISET AND DEATH
:37	PART I. DEATH WAS	WEDIATE C		VENI	RIC	ULAK	TI	KILL	H11C			
Military.			DUE TO, OF	RALDCOMSECT	TENCE-OF	47011	10 /	Man.	OVAC	7001	4 ^	
777	Conditions, if any, w	hich (	(b)	MYFE	MIE	1081	15	ARDI	DVIIS	supp	ne ne	
	gove rise to immed couse (a), stating	the 3	DUE TO, OF	R AS A CONSEQU	JENCE OF	D	IS EAS	F				
		lost.	(c)									
z	PART OTHER SIGNIF	CANT CON	IDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATER	TO THE TERM	INAL DISE DE	OR CONDITIO	ON GIVEN	IN PART 110	
MEDICAL CERTIFICATION	190 DATE OF OPERATIO	( )	1 12 ES	TION FOR WHIC	HOPEDATIO	DE CONTRACTOR DE DEC	CALLOR	200 AUTOP	0.0	ME VES W	ERE FINDIN	ICC HISED
FIC	176 DATE OF OPERATIO	_	176. CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFO	DRMED	A STATE OF THE STA	IN IN	CERTIFYIN	G CAUSES	OF DEATH?
ERTI	21a. ACCIDENT WAS UNDERL	YING [ ]	21b. TIME O	F IN IURY		Tale HOW IN	NJURY OCCURE		NO LINE ON IN I	YES [	OR PART 21	_NO []
N C	OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.	M. MONTH			John Occom	TENTER MATE	THE OF HAJORT HAT	IEM IS TAKE	ON FART 21	
DIC	214 INJURY OCCURRED		21a PLACE (		19	JII LOCATI	ON		A CONTRACTOR OF THE PARTY OF TH	-		110,000
ME	NAME O WOLKER			AT THE TOP OFFICE	FARM, ETC.)	57968			DIV ON 10 MIN		COUNTS	104%
	77s.1 certify that III   16s		cate belief abo	deseased from	198	4	10	to T	113 8	7 10		that it (we) fast
	saw the deceased	Nive on	625	87 19.		ed that in (my	(sue) opinion i	death occurred	on the date of	nd hour an		
	27h SIGNATURE	ridid nati vi	ew the/body	after death.	1	DEGREE		/			In DATE	SIGNED
	1 XXV	110	1/1/	0		F 4 3	ATTENDING &	MEDICAL	STAFF	n	17/	3187
	TH PHYSICIAN'S NAM	E LINE OF PE	HI)	7		27s. ADDRE	Control of the Control of the Late of the Control o	& CONTESTED OF THE	2 - 201 2 10 10 10 10	bud	1	
	SANJE	EB	MISH	RA M	.D.	W	ALDORF	MD				
73a.	BURIAL CREMATION, RE	. 104. 304	DATE:			EMETERY OR		234 LOCAT				
100	BURIA	Charles of the Control of the Contro	7-16-	CERONIC PAGE			CH.CE	M HILL	TOP C	HART	EC M	APVI.AND
24. F	UNERAL DIRECTOR		THE IT				250. DAJ	E REC'D BY OF	37 RAR 256.	REGISTRA	Serent !	AN
A	REHART FUN	IERAL	HOME	INC.	LA_PL	ATA.M		16 18	01 0			

DHMH - 16 60M 7/84 (VRA 15, 4)

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MACRIANT, If hem 21 is marked or llem 18 shows any injury, ar other

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CALLE BOOK	JATE (BOH			ATTEN AT
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674		in byer.	_1' '	
Marie Talent			February 1	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CEDTIFICATE OF DEATH

61	0   5 JUL 29	87	FOR STATE REGISTRAR	DEPART		ELALTH AND MENTAL HYG	REG. NO.	2 0	6 0
		I. DEC	CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONT	DAY YEAR	26 HOUR
	ny be oge 3 deoth		OR PRINT) Doro	Stanley		nberry	7-25		800 A
	r. po	3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4		Female	Caucasian	Dec	25°, 1920	66	rRS.	
	eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE		9. BALTIMORE CITY OR CO		
10:	by the fu	1	TY OR TOWN OF DEATH La Plata	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Physicians	Memor		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Teacher	(ING LIFE) INDUSTRY	ation
AND 212	A Paris	130. S Ma	ryland Cha	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE A OMISSION)	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS / ZIP Laurel Dri		616
MARYL	ampletely of the second of the	14 FA	Robert I	MICOLE Stanley		15. MOTHER'S MAIDEN NA Americ	MIODLE	Bowen	
BALTIMORE, MARYLAND 2120	be execut		VAS DECEASED EVER IN U.S. A (IF YES, G	IVE WAR OR DATEST		William G	Dusenberry	P.O.Bo Bryans	
:	physicie on paper emoval.			only one couse per line for (a), (b) of ED BY:  ATE CAUSE (a)	ind (c).)			APPROXY BETWEEN O	CADALDO ATH
W. PRESTON ST	e deoth ce move corb notion, or r		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEOU	JENCE OF	Mesent Bo	wel Syndia	e	
201 W. P	s that the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU					16.5
ORDS, 3	equire	TION	Centony J	rout Infata,	Ele	etalyte In	balance,		
AL REC	The low	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	IN WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDING CERTIFYING CAUSES O YES [	GS USED OF DEATH? NO
OF VIT	ICIAN: The graphs of the property of the prope	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201	G PHYS offendin offendin offendin offendin ked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
۵	TENDIN ital ar o'OR: Aft or use or f Health	×.	220 I certify that (N(this hasp	ortal attended the deceased from n 19 not view the body after death.		and that in (my) (our) apinion	, to		ha (1) (we) lo
	OR AT e hosp DIRECT ched for Dept o		226. SIGNATURE	ot) view the body after death.		DEGREE	MEDICAL STAFF	22c DATES	IGNED
	Al th		224 PHYSICIAN'S NAME (TYPE	or PRINT)	40	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	7-2	5-8
	TO HOSPITAL etained by to FUNERAL should be dewith the State with the State MAPORTANT:		Henry Burk			La Plata			
	F 5 - 0 / 3		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	24 FL	Burial			hn's Cem.	E DEC'D DY DECISTDADISE D	Charles,	Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)		untt Funeral	Home P. A.Q.			UL 28 1987	Julia Darider	Kandasi

Waldorf

Students Students THE MOST OF ----- Commence of the state of the same of The state of the s Lucial 7/2:/07 St. Woln's Cen. Contakery Mariles, No. -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG N DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATED 190 4. RACE AGE (IN YEARS IF UNDER 1 YR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 16 1925 DEAD AM Dec 61 19 YRS 76. CITIZEN OF WHAT COUNTRY? 1 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIEDXX NEVER MARRIED FOREIGN COUNTRY N.Carolina DIVORCED USA Charles County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) La Plata Physician Memorial Salesman Blue Cross In: JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4149 West Kaler Drive Arigona Maricopa Phoenix NO . 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PW IT. PAGES I AND 2 DIVISION OF IT LAST MIDDLE FIRST Frank Faulkner Emma Richardson 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Yes WW II 239-34-4778 Jackie Faulkner 4149 West Kaler Dr. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Colonary on sea ce IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which

216. TIME OF INJURY

P.M

Ives-Pearson Funeral Home Arlington, VA.

22a I certify that I took charge of the remains described above, held an

7/28/87

Natural cause

UNDERLYING OR

21d. INJURY OCCURRED

death resulted from:

EXAMINER'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

WHILE AT WORK

CONTRIBUTING CAUSE OF DEATH

WEDICAL

WHILE

ACTUAL SIGNATURE

Burial

24 FUNERAL DIRECTOR

HOUR A.M. MONTH DAY YEAR

210 PLACE OF INJURY (AT HOME,

STREET, FACTORY, FARM, ETC. 1

REMOVAL gave rise to immediate OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO. 210 EXTERNAL CAUSE WAS

Suicide

23c. NAME OF CEMETERY OR CREMATORY

21f LOCATION

STREET

ADDRESS

Resthaven Park Cemt.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

Undetermined manner

MEDICAL EXAMINER

Glendale

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

COUNTY

and in my apinian

COUNTY

STATE

STATE

Arizona

TRANSIT PERMIT. NTAL HYGIENE, D UTED WITHIN IN PENCIL IN EXAMINER DIVISION OF VITAL RECORDS, 3 SHOULE DEPARTM FORWARDED

FO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2

**DHMH - 17** (VR A15 ME (5)) 20M 4/82

20M 4/82

Huntt Funeral Home, Waldorf, Maryland

4 BY GISTRAR

(TYPE OF PRINT)

DECEASED NAME

Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Aug. 5, 1987 Glendale Cemetery Fillmore, Montgomery,

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

20 DATE OF DEATH MONTH

5:37 A

IF LINDER LYEAR

INDUSTRY

Cress

Home

Rd./2060]

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

Waldorf, Md.

22c. DATE SIGNED 7/31/87

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 REG. N 20472

00 111 2	2 8	ASED NAME	FIRST		MIDDLE		LAST	₩. D.	AVE KNOWN	MONTH	DAY YEAR	26.HOUR
SAUSE .	-	School of the second	Dani	.el	Thomas	F	Fitzgerald	DE	ATH MATED	7-1	6- 1987	4
SE S			W. Charles	5 DATE OF BIRTH	MEAN CARRENT			24 HRS. 2c. I	DATE	MONTH	DAY YEAR	2d. HOUR 4:01
N 72 DIR	10.116.5					rs.			DEAD		17	M. M.
图数量量9								DU		_		
MARCA TO SER			Time and the second	II NAME OF HOSP	PITAL, NURSING HOM	E, OR OTHE	ER INSTITUTION	120 USUAL O	CCUPATION (1		125 KIND OF BU	ISINESS
358 BOOK		LaPlata		Physician	ns Memoria	l Hosp	pital	FOR MOST O	F WORKING LIFE)	TAT		
135	11 S1	L RESIDENCE (IF I					13d. INSIDE (ITY LIMITS? YES NO A				206.	53
THE STATE	14.EA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
AND SAN SAN	/	Joseph	1		Fitzge	cald	Regina	a	10000	Mc	Crimli	sk
AGES AGES AGES AGES AGES AGES AGES AGES	(YE	S, NO, OR UNKNOWN	(IF YES, GIVE								Same	
HOURS NE WIT NE, DIV	>	18. CAUSE OF D	EATH (Enter on H WAS CAUSE	DBY: Mu	for (a), (b), and (c).)	uries					APPROXIMATE BETWEEN ONSET	
ALC PER YGIE OVA		812	IMMEDIA	TE CAUSE (a)								8
A HE REM				(b)								
XECUTED W NG" IN PEN CAL EXAMI BURIAL - TR AND MENI	H			DUE TO, OR A	AS A CONSEQUENCE	OF					103	
		PART 2 OTHER SIGNIF	ICANI CONDITIONS	(c) CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN PART	T I (a)				
WEDINA WEDINA AS A ALTH CREA	NO		7 3-25									
HIEF HIEF NOULE OF HE RIAL,	FICAL	190 DATE OF OF	ERATION	19b. CONDITI	ION FOR WHICH OPE	RATION W	AS PERFORMED?					
WHO SELECTIONS	CERTI					21c HC	W INJURY OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	IS PART 1 OR PAR		NO [
ARTA MRTA OR TO		UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH 3:00 PM	~7-16-1,98°	7 Pass	senger in a	uto/au	to coll	ision		
田川田の男品	MEDI	WHILE AT WORK	URRED OT WHILE	21e PLACE O	FINJURY (AT HOME,			rrico	or town Rd., Hu	ahesvi	lle.Cha	rles
RE TH		100	/ /		ribed about held an		comm				Co	.,MD
HTH HTH	0	33300117001770	/ //	111 101	1//					],	mon	
DIR WAR		ACTUAL	11	11/2	11/1		TITLE (SPECIFY)			DATE	7_17_0	7
SHOE SHOE		SIGNATURE_	no	1)	10	Μ.	D. ASSISLAIL	MEDICALI	EXAMINER	SIGNE	7-17-0	/
조임까도없는 ·		EXAMINER'S NA (TYPE OR PRINT)	ME	Charles P.	. Kokes, M	.D.	ADDRESS 111 Pe	enn St.	, Balto	.,MD 2	1201	
5X45A4	23a.Bt	DEC IE Y )	N, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY OF	CREMATORY	123d. LOCATI	ON			TE <sub>V</sub>
BP	24 F1			1-22-87	Calver	ton I		1				. ч.
DHMH - 17 (VR A15 ME (5))				ngley,Le	onardtow	n,MD.		0.1	1			Alla.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF N. ELANGE THE CERTIFICATE, WRITHING THE WORD." PENDING" IN PENCILIAN IN GIVE PAGES 1.2. A TO THE FUNERAL DIRECTOR PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCAG WITH FORWARDED TO THE CHIEF MEDICAL EXAMINER PROMY PROMY SHOULD BE SHOULD BE USED AS A BURIAL. TRANSIT PREMY PROMY PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMY PROMY PAGE 3 SHOULD BE HED. WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL PROGENE, DIVISION CANTAL PECCHANICAL PROMY PAGE 1.2. THE PAGE 1.2. A TO THE PROMY PAGE 1.2. A TO THE PAGE 1.2. A TO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL INLITEM IS CHAFFAGES 1.2. IN THE FUNERA DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCAG WITH FORWARD TO FURE SHOULD BE USED AS A BURIAL. TRANSITE PREMIT PROMIT PR	MATERIANNEE: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HORD TO FUNE THE CERTIFICATE SHOULD BE CAMPINED. THE CERTIFICATE WITHING THE WORD. PERDINGY. IN PENCIL MITH AND MENTAL IN PENCIL MITH AND MENTAL PROPERTY OF THE CHIEF WED. PENCIL MITH AND MENTAL PROPERTY OF THE CHIEF WAS PROPED TO THE CHIEF WED. PENCIL MITH AND MENTAL PROPERTY OF THE CHIEF WAS PROPED TO THE STORY OF THE CHIEF WAS PROPED TO THE CHIEF WAS	Dani  Wale White  Harmer: His Certificate Male  White  Harmer: His Certificate Male  New York  Taplata  Laplata  Laplata	Daniel  Sex Trace   S Date of Birth Month Day   O.1 26    Bellitherace   Date of Birth Month Day   O.1 26    Bellitherace   Date of Birth Month Day   O.1 26    Bellitherace   Date of Death   Date of Death   Day   O.1 26    Bellitherace   Date of Death   Date of Death   Day   O.1 26    Bellitherace   Date of Death   Date of	Daniel Thomas  SEX MALE White 01 26 1955 6 AGE (INV Male White 01 26 1955 1955 32 1955 1955 1955 1955 1955 1955 1955 195	Daniel  Thomas  Sex Mace Minter Server Serve	Daniel Thomas    Thomas   Thom	Daniel Thomas   Tacgeral   Daniel   Thomas   Daniel   Thomas   Daniel   Dan	Daniel Thomas Fitzgerald Death Mare White O1 26 1955   Age (which will be compared to the control of the contro	Daniel   Thomas   Fitzgeral   Fitzgeral	Danie J. Banes.    Danie J. Banes.   Danie Of Birth   Danie J. Banes.   Danie Of Birth   Danie J. Banes.   Danie J. Bane



061361 JUL

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1	FOR STATE BREGISTRAR	DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 7G.N	o. 1	04	7.2
Î	I DECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH	AY YEAR	2 HOUN
ı	(TYPE OR PRINT) W111 i	iam THOMAS	Got	ugh JR.	July 2	6. 19	87	11.25P
ł	1. SEX	4 RACE	5. DATE C	0	6. AGE   IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
l	Male	Black	Jul	y 28,1928	58	YRS.	ONIHS DAYS	HOURS MIN,
1	6 BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
1	MD.	U.S.A.	WIDOWE	71	Charle	s Cou	ntv	MD.
ŧ	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND O	F BUSINESS OR
1	LaPlata	Physicians M	emor:	ial Hospita	Plant O			phalt C
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUL St. N		/N	134. INSIDE CITY LIMITS?	Rt. 2, B	ZIP CODE 72	D/206	75
J	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME			
]		homas Gough	Sr.	Emma	MIDDLE		Gordo	n
Ť	60 WAS DECEASED EVER IN U.S. AF		IRITY NO.	17 INFORMANT	ADDRE	SS		
ł	NO	VE WAR OR DATES) 216-22-	2857	Mary Margi	e Gough.	same	as 13	e.
	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse last.	DUE TO, OR AS A CONSEQUE    DUE TO, OR AS A GONSEQUE   DUE TO, OR AS A GONSEQUE   REAL PROPERTY   REAL PROPERT	ENCE OF	drabelis,				
١		CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO			OF DEATH?
1	OR CONTRIBUTING CAUSE OF DE.	R) P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B PA	RT I OR PART 2)	
١	NOT WHILE AT WORK	INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	saw the deceased alive an	ital) attended the deceased fram_1 26 - 57 19_	, or	ad that in (my) (aur) apinian	death occurred an the de	ate and hour	- /	that (II (we) lost causes stated
	27b. SIGNATURE	T- Jame, Som	9	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7-2;	SIGNED 7
1	224 PHYS CAN'S NAME (TYPE C			22e ADDRESS	1.01	+	11/	
11	Tanania	Camada M D		100	/ h U /		111 1	1 /

Ignacia Garcia, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

Charles Memorial Gardens

206 46 23d LOCATION CITY OR TOWN

Burial

Here Funeral director

NAME

W C. T.

DHMH - 16 60M 7/84 (VRA 15, 4)

W.Clarke Mattingley, Leonardtown, MD,

8-1-87

Leonardtown . St . Mary's . MD .

59601 Jul		ems, #23c,23d, G-62 FOR STATE Gbj. REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 /REG. NO. 2 C	474					
n e =		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR					
age deot		George	Thomas	Hamilton Sr.	July 14, 1987	10.10Am.					
ge 4 mc	3. SE	Male	<sup>4 RACE</sup> Caucasian	5. DATE OF BIRTH ANDRIE . 21, 1908	78 YRS	UNDER ) YEAR IF UNDER 24 HRS.  NTMS DAYS HOURS MIN.					
1,125		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	* BALTIMORE CITY OR COUNTY OF Charles	F DEATH MD.					
. 100		a Plata	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET IN Physicians	G HOME OR OTHER INSTITUTION ADDRESS) Memorial Hosp	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer	12b. KIND OF BUSINESS OR INDUSTRY Agriculture					
LAND 212 nin 24 hour should be t	13a. 3	STATE 136 COUN	other institution give residence before 120. CITY or fow Charlot	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE Rt. 1, Box 10	20625					
uted within 24 completely, filled and 2 should be completely.	h	FIRST		iltor Nettie	MIDDLE	swell					
BALTIMORE, cote be execut cote be execut papers. Poges 1 you to the medical			E WAR OR DATES)	-8574 Georgieanr		ame as # 13					
		B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), 1 PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  Cardiac AWOF  IMMEDIATE CAUSE (a).									
201 W. PRESTON ST., es that the death certif, ned by the attending of please remove corbone urial, cremation, or rem		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) DUE TO, OR AS A CONSEQUE  (c)	Cardial Jng	arct.						
e low requir n. nos been sign permit. Then me priror to b	CERTIFICATION	19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?					
VISION OF VITAL  G PHYSICIAN: The ordering physicion er this certificote h sthe buriol-tronsir cond Mental Hygier ked or Item 18 shap	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDIC ALEXAMINER 21d INJURY OCCURRED		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE					
DIVISON ATTENDING Spital or other CTOR: After I for use as the of Health on the ST I's market	<	22a.l certify that (I) (this haspensor to bove, (I) (was total) (id in a bove, (I) (was total	ottended the deceased from_	7, and that in (my) (our) opinion	), to 19. death occurred on the date and hour o	. that (I) (wa) lost and from the couses stated					
HOSPITAL OR A ned by the ho FUNERAL DIREI Jid be detoched the Stote Dept ORTANT: if hen		226. SIGNATURE	nath	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	224 DATE SIGNED					
TO HOSPITA TO FUNER should be d with the Sto	0.2	G. S. Rath			, Chas. Pf. Bdg	, Waldorf Md					
BP	E	BURIAL, CREMATION, REMOVAL Burial	7-17-87 St	Mary S	23d. LOCATION Waldorf, CITYORTOWN, C	nas., Md.					
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director Huñtt Funeral	P.O. Home Waldon	box 156 250 1250 1250 1250 1250 1250 1250 1250	ECP. BYREE REGISTRA	R'S SIGNATURE					

3882 3 1 JUNE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	0	2.4	1	
REG. NO.	(m)	0	-3	1	

	REGISTRAR				CERTIFI	ICATE OF DEA	AIN	REG. NO.	0 '	
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
( LAbi	E OR PRING	BARE	BARA	Α.	H	AYES	100	7/05/	87	4:20P M
3 SE	X	14	RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
	Female		BLAG	CK	MONTH 06/	29/41	YEAR	46 yes	MONTHS DAY	S HOURS MIN.
70 B	IRTHPLACE (STATE OR FO	DREIGN 7	b CITIZEN OF	WHAT COUN	TRY? 8.			9 BALTIMORE CITY OR COUN		
	MARYLAND				MARRIED	NEVER MAR	RRIED 🔟	C.		
10 C	ITY OR TOWN OF DEAT	TH 1	U.S.	HOSPITAL NU	WIDOWE	D DIVOI		CHARLES  120 USUAL OCCUPATION	126 KINE	MD. OF BUSINESS OR
			(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)			(TYPE OF WORK FOR MOST OF WORK INC	GLIFE) INDUSTR	RY
	SSUE AL RESIDENCE (IF NURSIN		HOME			OTHERS		TEACHER'S A	IDE ED	DUCATION
13a.	STATE	13b COUNT	TY	13c. CITY OR	TOWN 1	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
	IARYLAND	CHAR	LES	ISSU	JE				0645	
14. F/	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S M		MIDDLE		LAST
	VIRGIL			BROW	/N		NNIE	С.	DY	SON
	WAS DECEASED EVER I			166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESENE	RAL DE	ELIVERY
	YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	220-3	8-3681	PHYLLI	IS G.	TOLSON ISSU	E. MD.	20645
	18 CAUSE OF DEATH	LiEnter only	one couse per	line for (a), (b	n pod ic. i					OXIMATE INTERVAL
	PART I. DEATH WA	AS CAUSED	BY:	Can	de	preme	no	my enes	1	1 ms
		IMMEDIATE	CAUSE (0)		. ,					(0)
100	Conditions, if ony,	Link	DUE TO, O	RASACONS	EQUENCIAL	nane	we	all metastas	is 1	M
	gove rise to imm	ediote	(b)_	for the same						
	underlying couse	lost.	DUE TO, O	RAS A CONS	EQUENCE OF	mell	iter	in turn	13	gra
	PARLIZ OTHER SIGN	IFICANT CO	ONDITIONS CO	NTRIBITING	TO DEATH BUT	NOT BELATED TO	THE TERMI	NAL DISEASE OF CONDITION	GIVEN IN PART	110
Z	1	II ICARTI C	or principle and	JANIKI BOTINE		to be	7	The Br		Liter
CERTIFICATION	19a DATE OF OPERATI	ION .	THE COND	TION FOR WI	HICH OPERATION	N WAS PERFORM	ED	20g AUTOPSYZJ 20b. IF	YES, WERE FINE	DINGS USED
문	8/28/	11/	1 47	TAX 1	Tunda 7	t de	1-1	IN CER	RTIFYING CAUS	ES OF DEATH?
E .	210. ACCIDENT WAS UNDE	EDIVING T	215 TIME O	PINITIPY		21c. HOW INJUR	RY OCCURRE	YES NO	YES DARLES	ANO [
	OR CONTRIBUTING PE		1100110 1	M. MONTH	DAY YEAR	The How Myson	1/6	1	IS PART I ORPART 2	
MEDICAL	(IF EITHER NOTHY MEDIC			KU /+	19		11			+333-35 FF
Me le	21d INJURY OCCURRI	1	21e PLACE	OF INJURY	EKE FARM EXT	21f. LOCATION STREET	1 1	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK				, , ,		1	- /		
	220 I certify that (1) (		ol) ottended th	e deceosed fr		<del>[-</del> [-2	19	, to		, that (I) (we) lost
	sow the deceased above, (1) (we) (di	d olive on _ id) (di <u>d_not)</u>	view the body	after death.	0 (		ur) opinion d	eath accurred on the date and h	nour and from t	he causes stated
	226. SIGNATURE	1.	V	1	of from 1	DEGREE			22c. DA	TE SIGNED (7
	Jan	6	Int	the	a mi		ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		1/258/
1	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS				
	Paul E. F	Pritch	nett, M	.D.		118 La	Grange	e Ave., LaPlata	, MD 20	)646
	BURIAL, CREMATION, R	REMOVAL	23b. DATE		230 NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		
	BURIA	L	7-9-	-87	HOLY	GHOST		ISSUE	CHARL	ES MD.
24. F	UNERAL DIRECTOR				3.0 2.2		725g. DATE	REC'D BY REGISTRAR 25 REG		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

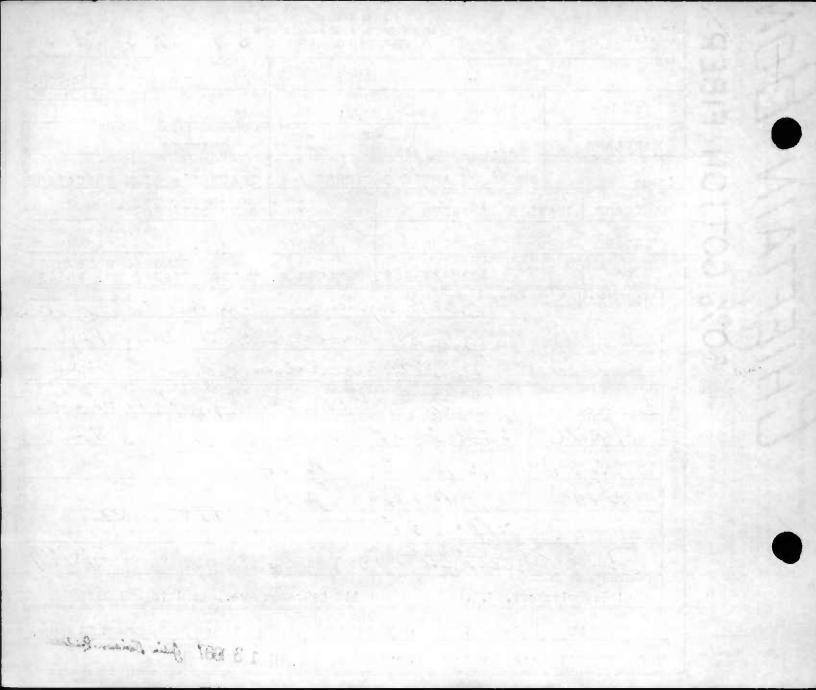
TO FUNERAL DIRECTOR: After this centificate has been signed to should be detached for use as the burnol-tronsit permit. Then plegwith the State Dept. of Health and Mental Hygiene prior to burnal

TO HOSPITAL OR ATTENDING PHYSICIAN: The

MPORTANT: If Item 21 is marked or Item 18 shaws ony

THORNTON FUNERAL HOME

POMONKEY, MD JUL 1 3 1981



B shows any injury, or other maun

IMPORTANT: If hem 21 is marked at hem,

DHMH - 16 50M 4/83 (VRA 15, 4)

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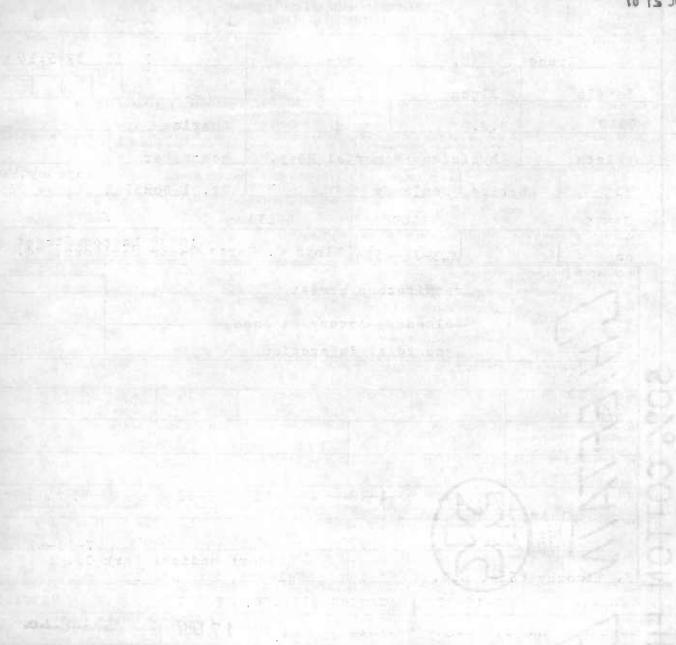
4 тоу be

## STATE OF MARYLAND

JIMIL OF MARILAND	
EPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	ರ

0	1		1	12
REG. NO.	U	State	1	Ó
REG. NO				

						Rt	G. NO.				
Ī	DECEASED NAME FIRST	MIDDLE	E.	AST		20 DATE OF DEA	нгиом НТ	DAY	re ar	26 HOUR	
L	Irene	Ε.	H	aves			7	12	87	5:14	40 m
3	SEX	4. RACE	5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER	I YEAR DAYS	IF UNDER 24 I	
I	Female	Black	5	8	2.8	59	YR		DATS	HOURS	AIN.
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER		9. BALTIMORE C			TH		
1	OHIO	U.S.	WIDOWE		VORCED	Char1	AG				MD.
t	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C			120 USUAL OCC	UPATION			F BUSINESS	
1	To Dieto	(IF NOT IN SUCH FACILITY, GIV		tal II		TYPE OF WORK FOR	_	G LIFE) INDU	ISTRY		
	La Plata  JSUAL RESIDENCE (15 NURSING HOME OF	Physician	CE BEFORE ADMISSION	lar Ho		homem		7.7			145
I	30. STATE 136 COUN			13d. INSIDE C		13e.STREET ADDR					
ł	MD Ch	arles   Nan	jemoy	YES	NO A		Box3		111		.d
1	FIRST		AST	13. MOTHER			DLE		KĖ	_	
4	JAMES		LSON		LELIA			WAI	KE.	K	
1	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMA		10	909 L	avtor	S	treet	-
ı	no		76-4514	Floy	d C. H	ayes Üp	per M	aytor	ro	, Md.	
F	18. CAUSE OF DEATH (Enter or							BF	APPROXIA	MATE INTERVAL	ATH
П	PART I. DE ATH WAS CAUSE	D BY:		0 20 20 0 0	_						
ı	IMMEDIA	IMMEDIATE CAUSE (a) respiratory arrest									
П	DUE TO, OR AS A CONSEQUENCE OF										
ı	Canditians, if any, which gave rise to immediate	(b) Pulm(	onary Ar	tery	Diseas	e					
ł	cause (a), stating the Underlying cause last. Due TO, OR AS A CONSEQUENCE OF Underlying cause last.										
Т		(c) Myocardial intarction									
ı	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN P.	ART Ira		
1	190 DATE OF OPERATION  170 DATE OF OPERATION  1710 ACCIDENT WAS UNDERLYING										
1	MO DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	? 206 IF	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
J	i n/a					YES NO		YES 🗌		NO 🗌	
1	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE C	OF INJURY IN ITEM	IB PART I OR P	ART 2}		
1	OR CONTRIBUTING CAUSE OF DEA	AIH .	19	N/A							
1	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY		211. LOCATI	NC						
ı		( AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	STREE		CIT	YORTOWN	COU	MIA	STATE	E
t		AT WORK AT WORK									
1	saw the deceased alive an	7-12-87	07 20		_, 19 <u>82</u>	eath accurred an				hat (I) (we)	
1	dbove, (I) (with white same in	ew the bady after death	).		(doi) apinian c		the date and				,
1	226 SIGNATURE		ENGINE	DEGREE	ATTENIDING	MEDICAL	STAFF	220	DATE S	SIGNED	
J		u	n	11		MEDICAL DIRECTOR P	HYSICIAN 🗌	7	-13	3-87	
1	22d PHYSICIAN'SINAME	DE PROMES		22e ADDRES	SWaldo	rf Medi	cal P	ark 3	01	S	
1	R. Timothy F	ace, M.D.			Valdor		20601		-		
1	30. BURIAL, CREMATION, REMOVAL		23c NAME OF C			23d LOCATION					
	(SPEC HY)	7-18-87	NAZARE		PT.CH.	PHEN		COUNT	1	VIRG	INIA
7	BURIAL 4. FUNERAL DIRECTOR	1				REC'D BY REGIS		GISTRARISS			_
ľ	NAME		DOMON DOMON	17777 37	MD JUL	1 7 198	Pulia	Dundy	7. 6	adall.	
4	THORNTON FUN	EKAL HOME	POMON	REI,	MD.						



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mpletely filled in by the funeral director, page 3 gad 2 should be filed within 72 hours after death

ted within 24 hours ofter death. Page 4 may be

	STATE OF MARYLAND				
OR	DEPARTMENT OF HEALTH AND MEN				

PARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	0.	0 4 /	1
	CEASED NAME	FIRST		MIDDLE	L	AST		26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR A
(1177)	E OR PRINT)	Elmer	Edv	ward	Jenk:	ins	142	Ju	1у	6 1987	8:48 M
3. SE	х	4	RACE		5. DATE C			6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	MALE		WI	HITE	JULY	2,1943	EAR	44	YR		HOURS MIN.
	IRTHPLACE (STATE (	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTR	RY? 8.	NEVER MARR	IED IKI	9. BALTIMORE CITY			
	ARYLAND		U	.S.A.	WIDOWE			Charles	Cou	inty,	MD.
10 C	ITY OR TOWN OF D	EATH 1				R OTHER INSTITUT		17a USUAL OCCUPAT			OF BUSINESS OR
	LaPlata		Physic	cians l	Memoria	l Hospita	1	PAINTER			CO.GOV
	AL RESIDENCE (IFN	URSING HOME OF C		GIVE RESIDENCE BE		L 13d. INSIDE CITY LI	MITS?	13e.STREET ADDRESS	/ 7IP CC	20 2C	0640
	MD.		RLES	INDIA	N HEAD	YES NO		V.F.W.PC		JUL	
14. F/	ATHER'S NAME	AA	IDDLE	LAST	4-1-1-1-1	15. MOTHER'S MAI	DEN NAM	NE MIDDLE		LA!	S.T
	DELBERT		.oott	JENK:	INS	VIOL	A	CELIA		JENKÎ	
	WAS DECEASED EV		ED FORCES?	166. SOCIAL SE	ECURITY NO.	17. INFORMANT		ADDR	SENE	RAL DEI	IVERY
	NO	THE TES, GIVE	WAR OR DATES	213-4	4-4494	AGNES	C. D.	AVIS	IANJ	EMOY, ME	20662
	18 CAUSE OF DE	ATH (Enter only	ane cause per	line for (a), (b),	ond (c).)		11			APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH	IMMEDIATE		Res	pirata	my ya	1 lus	ce.			
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if a	ny, which	(b)	Dilla	se gu	Lershha	e K	ung Dif	ease		
	gave rise to i		DUE TO O	R AS A CONSE	DUENCE OF			0			
	underlying couse lost.										
	PART 2. OTHER SI	IGNIFICANT CO	ONDITIONS C	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	DITION	GIVEN IN PART I	0'
CERTIFICATION	Chro	MC DU	shull	ice de	ung D	rease.					
CA	19a DATE OF OPE	RATION	196 COND	ITION FOR WHI	ICH OPPRATIO	N WAS PERFORMED	)	20a AUTOPSY?		YES, WERE FIND II RTIFYING CAUSES	
ET IF								YES NO		YES 🗌	NO 🗆
	OR CONTRIBUTING		216. TIME C	OF INJURY .M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM	18 PART I OR PART 2}	
3	(IF EITHER, NOTIFY M	EDICAL EXAMINER)		м.	19	1 3 3 3 3 3					
MEDICAL	21d. INJURY OCCU			OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC }	211. LOCATION STREET		CITY OR TO	)wn	COUNTY	STATE
-	AT WORK AT	WHILE WORK	1184								
	22a I certify that		attended		0-	foleex. 19		, 10Jale	1-66	£19.87.	that (I) (we) lost
	sow the dece obove, (I) (	osed olive on_ *(did) (did not)	view the body	Giter deoth.	9.87.or	nd that in (my) (our)	opinion d	eoth accurred on the	ate and	hour and fram the	couses stated
	22b. SIGNATURE	1	001	1		DEGREE				22c. DATE	SIGNED
		10	Mut	4	1	PHYS	IDING ICIAN	DIRECTOR PHYSI	CIAN		
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS					
	G.	S. Rath	M.D.	4.5		Charles	Prof	ession Bui	.ldin	ng Waldor	f, M.D.
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREM		23d. LOCATION		COUNTY	STATE
	BUR	IAL	7-9-	87	ST. CH	IARLES C	EM.	GLÝMÖNT	CHA	RLES MA	ARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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10 FUNERAL DIRECTOR, though by detached for us with the State Dept. of He WPORTANT. If them 21 is,

AREHART FUNERAL HOME, INC. LA PLATA, MD.

250 DATE REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE

SOUTH THE DESIGNATION OF THE PARTY OF THE PA 11 1 3 1 187 feet Statem Haden

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moy be

dilector, page 3

2	FOR
<b>b</b> 7	STATE REGISTRAR
01	REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

TIFICATE OF DEATH	0	1	REG. NO.	U	1	-	0
OF HEALTH AND MENTAL HY	GIENE		872	, 5	112	1	3

1. DECEASED NAME FIRST MIDDLE (1YPE OR PRINT)						LAST			2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR					
	(TYPE	OR PRINT)	Mar	ie		Kane				0.7	13	87	8:45	D M
	3. SE >	(	LICIT	1. RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)		RIYEAR	IF UNDER 2	4 HRS
	F	emale_		BLA	CK	06	10	03	84	YRS.	MONTHS	DAYS	HOURS	M IN.
-	7a. BII	RTHPLACE I STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	1		-	9 BALTIMORE CITY		Y OF DE	ATH		
1		MARYLAND		UNITED	STATES	WIDOWE	DI NEVER M	ORCED T	Char1	es Co	intv			MD.
Z	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	G HOME C			120. USUAL OCCUPA	TION	12b.		F BUSINES	
3		Plata, Md.		Physicia	ans Memor	ial H	ospital		(TETTRE	D .	LIFE) IND	USTRY		
-	13a S	AL RESIDENCE (IF NURSI TATE ARYLAND	13b COUN	RLES	POMONK		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRES ROUTE 2	ZZIP COL	0640	0		
S.	14. FA	THER'S NAME					15. MOTHER'S			-				
9		John		MIDDLE	Kan	e	A <sup>f</sup>	ddie	MIDDLE		1	Mist	er	
1		AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMAN	1T	ADD	RESS	dia	- U	h a d	Md
	N	es, no or unknown)	(IF YES, GN	E WAR OR DATES)	196-26-	4834	Aaron	Kane	Route	1 Box	88	и пе	ead,	Md.
		18 CAUSE OF DEATH	H (Enter or	ly one couse per	Interpret ybish	POR VORTADO			DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
И				E CAUSE (o)	117711	141	DIL	144	101					
				DUE TO O	R ISA COMSEQUE	ASE OF	ACILLI	AD	Agold	F117	E 5			
	-	Conditions, if ony, gove rise to imm		(b)	2 LEON	00	1314	100	11001,	701				
	1	couse (a), stoting the underlying couse lost. Due to, or as consequence of CEURAZ EFUSIONS.												
	z	PART ? OTHER SIGN	JIFIQANI (	CONDITIONS CO	ONTRIBUTING TOL	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	INSH IN	PART 110	An //	
-	TIO	CHADNIC	101	(ZUVA)	MID ME	- MK	(1), 8	1347E	20a AUTOPSY?	1005 IE V	TO WEDE	FINIDIN	1 241	ME
2	CERTIFICATION	19a DATE OF OPERAT	198. COND	TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO					?	
3		21a. ACCIDENT WAS UND	-	1100110 1		Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTERNATURE OF IN	JURY IN ITEM 18	PART I OR	PART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC				19								
	MEDICAL	21d. INJURY OCCURR	RED	21e. PLACE (	OF INJURY	ARM, ETC.)	211. LOCATIO	N	CITYON	157WH	59	CHIT	1944	66
		AT HOSE AT HOS	W []	1		0	0105		7/0	10-				
		22a.l certify that (I)	1	7/1/	e deceased from_	0	0101	. 19	10/11/2	10/	19		hot (I) (wi	
	100	saw the deceosed alive on										-		ed
		226 SIGNATURE	111	NAX	0		DEGREE	TENDING 1	MEDICAL ST	AFF	22	C. DATE	SIGNED	1
+		22d. PHYSICIAN'S NA	1///					HYSICIAN -	DIRECTOR   PHY	SICIAN		1	171	8)
													c	
	00.0			ra, M.D					essional (	Jenter	Wa	Ldor	f, Mo	1.
		BURIAL, CREMATION,	KEMOVAL	7-17		1ALON	E UN.	METH.	MADISC	N	COUN	MAR	YLAN	I D
		INERAL DIRECTOR						25e. DATI	E REC'D. BY REGISTRA		STRAR'S	SIGNAT	URE	
	T	HORNTON	FUNE	RAL HO	ME POPRESS	OMONK	EY, MI	. Jul	1 7 1987	Julia	David	wr. X	andres.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

THE RY 1881 WE SEE THAT

		em 16b 8-3-87 sjb	STATE OF MARYLAND		
0 1 6 JUL 29	87 STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE	20479
	1. DECEASED NAME FIRST	WIDDLE	LAST	2a DATES F DE A H MONTH	DAY YEAR 26 HOUR
oge 3	JAME:	S CALVIN	LANGLEY	JULY 24	, 1987 18:27A
or. pa	3. SEX	4. RACE	5. Date of Birth March 26, 1934	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
recte urs o	male	Caucasian		53 YRS.	
10 7K	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED	Charles 126 USUAL OCCUPATION	MD.
100	Maryland	(IF NOT IN SUCH FACILITY, GIVE STREE Residence -	ING HOME OR OTHER INSTITUTION ET APPRESS Pickeral Road	(TYPE OF WORK FOR MOST OF WORKING Serviceman	126 KIND OF BUSINESS OR INDUSTRY U.S.AirFord
Jago ag		ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 13c. CITY OR TO	RE ADMISSION)	13e.STREET ADDRESS / ZIP COL	DE .
150E		narles White		Pickeral Ro	oad / 20695
The second	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
		orbert Langley		Dunnington	Kendrick
Pages	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	6892	ADDRESS	
S. Po	Yes (15	s. GIVE WAR OR DATES) 220-28	3-6972 Jean T. La	angley (Wife)	
ysicso opera val.	18 CAUSE OF DEATH (Ent	er only one couse per line for (a), (b), o	ind (c /.)	1-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph) emo	PART I. DEATH WAS CA	DIATE CAUSE (0)	yelmany	arrest	15 min
or of		DUE TO, OR AS A CONSEQ	UENCE OF	× C 1	15 1
out ton	Conditions, if any, whic		gerline Hea	of faille	Thre
	gove rise to immediat		UENCE OF		1
A	underlying couse los		I artroppores	Brain Temo	1972
A.S.L	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
227	3 serie	desorder, Les	1 homeparesis,	gout Sylve	cephalus
bee prior	190 DATE OF OPERATION 972 218. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
hos per	1972	hydro	exhalus		IFYING CAUSES OF DEATH?
cote ronsit Hygir 18 sh	210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
ol-tr	an annual found The same	NO I	DAY YEAR		
Mer Ite	(IF EITHER, NOTIFY MEDICAL EXA	21e. PLACE OF INJURY	211 LOCATION	44	COUNTY STATE
the ond ond ked	WHILE WOT WHEE	(AT HOME, STREET, FACTORY, OFFICE	STREET STREET	CITY OR TOWN	COUNTY STATE
After os and the mark	220.1 certify that (I)	attended the deceased from	April 14 19 87	, to July 24	19 87 that (1) ( last
OR Or us		e an UULY 13 19 d not) view the body after death.	87 , and that in (my) (aur) opinion	death accurred on the date and ha	
RECI ed f pt. o	27b_SIGNATURE	id not) view the body after death.	DEGREE		22c. DATE SIGNED
toch toch F H	A. be	9 relefell 1		MEDICAL STAFF  MEDICAL STAFF  PHYSICIAN	
Stote de	224 PHYSICIAN'S NAME	/ / - /	PHYSICIAN L	A DIRECTOR LI PHYSICIAN LI	7-24-87
the phe				17 I D1 -+- 1	21200 EN
TO FUNER, should be d with the Sto		citchett, M.D.		17, LaPlata, 1	nu. 20046
	23a. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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(VRA 15, 4)	Huntt Funera.	L Home Waldor	f, Md 20601 JUL	28 1987 Julia	Divideon Randons

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Jens I. Franchette (.E. T. D. Box 3.7, LaPlate, id. 2084L

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-	ATTE	d for	1 F			ased alive an (did) (did no	) view the body o	fter death.		nd that in (my) (aur	) opinion dec	oth occurred an	the dote o			_
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16	1	FOR			F MARYLAND LTH AND MENTAL HYGI	ENE		
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oy be roge 3 deoth		DECEASED NAME FIR		RGARET MC	CARTHY	20 DATE OF DEATH	MONTH DAY YEAR 7 32 81	26. HOUR A 11:08M
ge 4 Treector, p		Female	4. RACE WHITE	S. DATE OF B	4 02	6 AGE (IN YEARS LAST BIR	YRS.	
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s offer de by the fur hilled within		O CITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	L, NURSING HOME OR C GIVE STREET ADDRESS]	THER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIND F WORKING LIFE! INDUSTR	OF BUSINESS OR
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t 0 - 12 -	0	ARTHUR	MC MC		MARY	WIDDLE	7.1	EFF
BALTIMORE cots be execu-	1		YES, GIVE WAR OR DATES)		JOHN E. MC	CARTHY,		D.20675
2 700 2 7		PART I. DEATH WAS C	nter only one couse per line for ( CAUSED BY: NEDIATE CAUSE (o)		rest		APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death central of the this certificate has been signed by the atmost os the buriol-tronst permit. Then please more contributed Mariel Hygiene prior to buriol, crimalistic or the or Merri 18 shows early injury, or other manufile.		Conditions, if ony, wh gove rise to immedic couse (o), stating to underlying couse to	bite DUE TO, OR AS A C	Molardia	l Infarc	+		
ords, 20			ant conditions <u>Contribu</u>	TING TO DEATH BUT NO	T RELATED TO THE TERMIN	nal disease or coni	DITION GIVEN IN PART	110
TAL RECO TAL RECO The low r icion. Te has bee stif permit. Giene prior giene prior	1	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	196. CONDITION FO	r which operation v	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
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DIVISION ING PHYS r ottendin After this c os the bur ith and Me		OR CONTRIBUTING CAUSE  (# EITHER, NOTIFY MEDICAL E)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR		f LOCATION STREET	CITY OR TO	wn county	STATE
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NTAL OR A by the hosy the hosy detoched detoched tote Dept.		22b. SIGNATURE	nath	n	1 ATTENDING	MEDICAL STAF	F 7	TE SIGNED _ 22-86
HOSPI ined E FUNE old be on the S		22d PHYSICIAN'S NAME G.S.RATH			e ADDRESS CHARLES PRO	OF. BLDG.	.WALDORF	MARYLAND
of Ode M	2	30. BURIAL, CREMATION, REM			ETERY OR CREMATORY	23d LOCATION CITY OF TOWN		
BP		BIIDTAL	07-25-87	OAKWOODS	CEMETERY	MTI.AN	SULLTVAN	MISSOURI

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(VRA 15, 4)

AREHART FUNERAL HOME, INC., LA PLATA, MD. JUL 29 1987

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### STATE OF MARYLAND DEPA

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CFI	RTI	FICATE	OF	DEATH	- 33

61365 JUL3	87	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTAL		E REG. NO.	0 4	3	2
		CEASED NAME	FIRST	N	AIDDLE	· ·	AST .	20.		ONTH OAY	YEAR	2b HOUR
page 3	[TABE	OR PRINT)	Trac	y Ray	v Mc	Dermo	tt		July 28	1987	1	0.3/10
moy moy	3. SE	X		4 RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRTHO	AY) IF UN	OER I YEAR	IF UNDER 24 HRS
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2 92 6/		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF V	WHAT COUNTR	Y? 8	NEVER MARRIED	9. E	BALTIMORE CITY OR	COUNTY OF	EATH	
to of Al		nnsylvar	ia	U.S.	A.	WIDOWE			Chatles			MD.
1 11 %		TY OR TOWN OF DE			OSPITAL, NURS		R OTHER INSTITUTION	N 12a	USUAL OCCUPATION			BUSINESS OR
0400	-	a Plata	-0	Physic	ians M	emori	al Hospit		ron Worke		uild	ing
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Visito	A FA	ATHER'S NAME FIRST	,	WIOOFE	LAST		15. MOTHER'S MAIDER	NAME	MIDDLE		LAST	
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and coges		VAS DECEASED EVER		MED FORCES?  E WAR OR DATES)	16b. SOCIAL SE		17 INFORMANT	-	ADDRESS			
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he law r ion. has bee it permit. iene prio	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED			Ob. IF YES, WEI N CERTIFYING YES		
iySICIAN: The ding physicions is certificate burial-transit Amental Hygie or Item 18 she		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA		M. MONTH	DAY YEAR	21¢ HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY I	N ITEM 18 PART I C	R PART 2)	
ING PHYS	MEDICAL	21d. INJURY OCCUR	mt [	21e PLACE C	OF INJURY EET, FACTORY, OFFIC	E FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	10	OUNTY	STATE
TTENDIN bital or TOR. Af for use of of Healtl		22a I certify that (1) saw the decease	ed olive op-		5 0 19		987, 19 d that in (my) (our) op	oinion deat	to 128	and hour and	from the c	not (1) (we) lost ouses stated
the hospital DIRECtoched the Dept to Directoched the Dept to Till them	H	22b. SIGNATURE	×	MIL	M	2	DEGREE ATTENDIN	NG H	EDICAL STAFF	1000	22c. DATES	IGNED 20
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TO HOSPITAL or retoined by the TO FUNERAL Is should be detoined in the State Important: If		Sanjee	b Mis	shra, M	I.D.		Waldorf	f. M	arvland 2	0601		
5 € 5 € ¥ ₹		SURIAL, CREMATION,	-			NAME OF C	EMETERY OR CREMATO		23d LOCATION			
RD		SPECIFY)		7-30-1	87 H	untt f	rematory.		lieldorf.	Charl	PR	Mrd STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Md. 20601

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE	OF	MARY	LAND
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DEPARTMENT O

OF HEALTH AND	MENTAL	HYGIENE		-	-	
TIFICATE OF I	DEATH	8	1	REG. NO.	U	ec d

	17	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE	0	8 3	
		CEASED NAME FIRST Catherine	Irene . Middle		AST	20 DATE OF DEATH M	ONTH DAY Y	26 HOUR 6;36 a <sub>M</sub>	
	3. SE	Х	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH			
		Female	White	Jan	17, 1911	76	DAYS HOURS MIN.		
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	8. MARRIE	NEVER MARRIED DIVORCED	Charles Country Md			
2	L	aPlata	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Physicians Mem	orial	Hospital	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Housewif	WORKING LIFE) INDU	IND OF BUSINESS OR STRY WN Home	
or more			r OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Waldor:		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 1 Hwy-925N,	ZIP CODE Box-336	6 / 20601	
0	14 FA	ATHER'S NAME FIRST George	N. Pearson	n	15. MOTHER'S MAIDEN NA/ FIRST Lelia	ME	Ga	ıksı ates	
dicol		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRES			
med		No -	220-28-	-7462	Carol C. N	ioran -	Same as		
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injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			INAL DISEASE OR CONDI	ITION GIVEN IN PA	RT Iro	
óws ou	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		206. IF YES, WERE F IN CERTIFYING CA YES		
Hem 18 sh		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF GAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PA	RT 2)	
orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	N COUN	STATE	
n 21 is mo		saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from	0 /	nd that in (my low) opinion of	death occurred on the date			
7. F #e-		226. SIGNATURE	Neth		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGNED	
IMPORTANT: If Hem 2		Girija Rath,			Waldorf, Md				
≤/		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial			emetery or crematory aul's Cem	23d LOCATION CITY OR TOWN Waldorf	Charle		
7/B4 )		uneral director intt Funeral	P. O. Box	x 156	25a. DAT	1 3 1987	Sh REGISTRAR'S SIG	GNATURE	

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	ge 4 m ector, p us ofter	3. SE	FEMALE		4. RACE WHIT	Ē	5. DATE O		1909	6. AGE (IN YEAR	77	YRS.	F UNDER		IF UNDER 24 HRS
	nerol du 72 hou	70. B	RTHPLACE (STATE OR F COUNTRY) EW YORK	ORE IGN	76 CITIZEN OF W		MARRIEI WIDOWE	NEVER	MARRIED	9 BALTIMORE CHAR				тн	MD
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MARYLAND 2120	1135	13a. S	AL RESIDENCE (IF NURS) STATE ARYLAND	136. COUN		13c. CITY OR TOW		Ses	CITY LIMITS?	13e STREET ADI		вох	30!	5 20	0695
	18 80	14. F#	JOSEPH		MIDDLE	AMRHEIN		15. MOTHER	S MAIDEN NAM		NDDLE			s CHI	TDI
TIMORE,	n ond co	(	vas deceased ever yes, no or unknown) NO		E WAR OR DATES)	057-05-		17 INFORM		RBIN, W		SRT.		OX :	
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1 OF VIT	o chyse		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.M	MONTH DA	Y YEAR	21c. HOW II	JURY OCCURRI	D (ENTER NATURE	OF INJURY	IN ITEM 18 PAR	II I OR PA	RT 2}	
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	HALOR by the halo RALORE Activities Dep		274 PHYSICIAN TINA	70%	Mun	~			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI	AN 🗍	226.	DATE SI	GNED ,
	TO FUND Health Shares		G.16.	WR	21 BVE	·~)		The ADDRE	3PC1	92 B	. ~	Lu			

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION

BURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

08-03-87

OMFRET CHARLES

BY REGISTRAR 250. REGISTRAR'S SIGNATURE JOSEPH'S CATH. POMFRET MD.

FUNERAL HOME, INC., LA PLATA, MD.

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						OF MARYLAND				
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ms (X)		CEASED NAME FIRST		AIDDLE	LAS		20 DATE OF DEATH	MONTH DA		26 HOUR
poge 3		NAI	CHANIEL		P	ICKERAL		7 23	8 7	4:05a
. po	3. SEX		4 RACE		S. DATE OF		6 AGE (IN YEARS LAST BI	RTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
urs ofte	M	ALE	BLACK		JAN.	27, 1986	1	YRS	JATS DATS	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN OUNTRY) LAND		WHAT COUNTRY?  STATES	MARRIED WIDOWED	NEVER MARRIED 😾	9 BALTIMORE CITY O		OF DEATH	MD
Protified of	L	A PLATA	PHYS	CIAN ME	MORIA	OTHER INSTITUTION AL HOSPITA	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST NONE	ION OF WORKING LIFE)	126. KIND OF INDUSTRY	8USINESS OR
	13a. S M	ARYLAND CH.	OR OTHER INSTITUTION UNITY ARLES	GIVE RESIDENCE BEFORE A	TA 1	34 INSIDE CITY LIMITS?	13 e STREET ADDRESS ROUTE 2	ZIPCODE	646	
180		THER'S NAME FIRST WENDELL	WIDDLE	JOHNSON		S. MOTHER'S MAIDEN NA JOYCE	MIDDLE		ICKER	
the medicol exam		AS DECEASED EVER IN U.S. es, no or unknown) (IF yes, NO	ARMED FORCES? GIVE WAR OR DATES!	217-11-		JOYCE PIC	ADDR KERAL Rt	225		ta, Md.
by the offending lose remove corb of, cremotion, or r rother troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OF	R AS A CONSEQUE	NCE OF	eart Disea eart Failu				
hen pled to buriol	N O	PART 2. OTHER SIGNIFICAN						IDITION GIVE	N IN PART 110	
18 shows ony ii	CERTIFICATION	n/a 190 DATE OF OPERATION n/a	19b. CONDI	TION FOR WHICH (	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH? NO
or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAI	RT I OR PART 2]	
morked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, FA		216 LOCATION STREET	CATY OR T	OWN	COUNTY	STATE
of He 21 is		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 7-22	19_8	, <del>'</del>	that in (my) (our) opinion	, to 7-22 adeath accurred on the		and from the o	
with the Stote Dept.		Mulul 9 1	entho		DE	ATTENDING PHYSICIAN	MEDICAL STA	CIAN .	7 - 2	3-87
MPORTANT:		Michael A.		rwood. M		Waldorf,			t. 30	1 S
3 5-		URIAL, CREMATION, REMOV	AL 236. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
	1	ÜRIAL	7-27	-87 S	T. JO	SEPH	POMFRE	T	CHARLE	S MD.

DHMH - 16 60M 7/84

BP.

THORNTON FUNERAL HOME (VRA 15, 4)

24 FUNERAL DIRECTOR

POMONKEY, MD

250 DATE REG D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

061902	AUG	STATE 87, REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	4 6 0			
noy ce poge 3		CEASED NAME FIRST OR PRINT) Robert	Fitzhugh	R	iley	July 26, 1987	DAY YEAR 26 HOUR			
ge 4 moy	3. SEX	x Male	Caucasian	S. DATE OF	BIRTH . 15, 1920	6. AGE (IN YEARS LAST BIRTHDAY)  66  YRS	MONTHS DAYS HOURS MIN.			
nerol dir.		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Charles	OF DEATH			
s ofter d		TY OR TOWN OF DEATH	Physicians Mer			120 USUAL OCCUPATION ELECTRICAN	126 KIND OF BUSINESS OR Eletrical			
24 hour filled in outd be f	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE LIST COU	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13 Wall OPT   13d INSIDE CITY LI  YESX NO			13e.STREET ADDRESS / ZIP CODE 44 Moran Drive	20601			
ad within		THER'S NAME narles	MIDDLE LAST R	iley	5. MOTHER'S MAIDEN NA/ Ethel <sup>FIRST</sup>		Yeatman			
ond col	16a V		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 579-16-1		Katherine M	M. Riley Same as 13 A-E				
of Control	No. of the		nly one couse per ling for (a), (b), o 1D BY: TE CAUSE (a)  DUE TO, OR AS A SONSEOI	o Key	Patory	Arrect	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Minutes  Upar C			
es that the d red by the of please rema vrial, cremati		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	UENCE OF	Structi	we Lung Disasion of the line o	VEN IN PART LIG			
the low requirence.  The low require the been signification of the been signification to be the beautiful the beau	CERTIFICATION	19a date of operation	196 CONDITION FOR WHIC			20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
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ITAL OR A the hopy the hop of the Difference detached tote Dept.		22b. SIGNATURE	J.M			MEDICAL STAFF DIRECTOR   PHYSICIAN	224 DATE SIGNED 7/27/87			
TO HOSPITAL retoined by the TO FUNERAL should be detunith the State with the State	02. 5	Louis V. Kau	par MD		clinton, M		02 (			

BP\_\_\_\_\_Burial 07/29/87 Epiphany Epis. Ch. Cem Forestville PG Maryland Power Inc.

DHMH-16 60M 7/84 6633 Old Alexander Ferry Rd Clinton, Md 20735

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060014 JUL 2	11g	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH R / 2 0 4 6 /									
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ALTIMORE te be execution and construction and constructio	(		VE WAR OR DATES)	-12-8589ONEIDA J								
cion cion He n					· KOBBINS, INDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
B. Hoop by the control of the contro		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		), (b), and (c).)	n - '	BETWEEN ONSET AND DEATH						
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20 Si policia de la compansión de la com		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 10						
RDS, require	ŏ	old m	nocandia									
RECORDS  low requi os been sig ermit. There e prior to k	1 E	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED						
= 50 x 70 9	CERTIFICATION	MA		NIV	YES NOW	CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)						
VIT N T T T T T T T T T T T T T T T T T T	Ü	21a. ACCIDENT WAS UNDERLYING		NTH DAY YEAR 21t. HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)						
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TTER Prito STOR for of H		sow the deceased alive or obove, (1) (we) (did) (did no	ot) view the body offer deat	h, and that in (my) (our) o	pinion death occurred on the date a	nd hour and from the causes stated						
OR A e hos A DiREC DIRECTOR Dept.		226. SIGNATURE	.0	DEGREE		226 DATE SIGNED						
2 0 =		OH Kacu	u	MID. ATTENE	DING MEDICAL STAFF	7.10-0						
OSPIT ned by UNER Id be e the Str		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS								
TO HOSPITAL TO FUNERAL should be det with the Store		Dr. Fadul		La Plat	a. Md.							
5 € E # 3 ₹/		SPECIFY)	23b DATE	23c. NAME OF CEMETERY OR CREMA		COUNTY STATE						
BP		BURIAL	07/13/87	MARYLAND VETER	RANS CHELTENHAM	1 P.G. MD.						
DHMH - 16 60M 7/B4	24 FU	INERAL DIRECTOR			Sa. DATE REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE						
(VRA 15, 4)	AD	ELLADO PLINEDA			1111 1 6 1987	The state of the s						

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STATE OF MARYLAND

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **MEDICAL EXAMIN**

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	25 5 5 4 A			MD.	U.S	5.A.	WIDO	WED DIVOR	CED D	Charles C	County		MD
	SHAR ST	10. CI	Y OR TOWN	OF DEATH				HER INSTITUTION		AL OCCUPATION (T	YPE OF WORK 12b		
	* HAMB	Т	a Plat	ta /		ACILITY, GIVE STREET AD			FOR M	OST OF WORKING LIFE)		OR INDUST	RY
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5/	4345A2		MD.	St	Mary's	Lex. F	Park	YES NO G	23	8 Valley	Drive	200	623
9	TANKS IN	14. FA	THER'S NAM					15. MOTHER'S MAIL					
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NE NE	AFTER NVE P NVE P SIGN SIGN	(YE	S, NO, OR UNKN	OWN) (IF YES, GIVI	E WAR OR DATES)	100. SOCIAL SE	COKITI NO.	Grand-mo	thor	ADDIKES	Rt.	Box	240
¥	ASSER		N			NONE				l.ex	cington	Par	k MD.
	WITH PA		18 CAUSE C	OF DEATH (Enter a	nly ane cause per lin	e far (a), (b), and (	c).)	Esther I	mc . L	ith	20653	APPROXIMATI	E INTERVAL
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4			gave r	rise to immediate	e / (b)								
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	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALFIMORE,	23a.Bl	IRIAL, CREMA	ATION, REMOVAL	23b. DATE	23c NAME C	OF CEMETERY	OR CREMATORY	23d. LO	CATION			
07 /5		100	PECIFY)		7/10/05	Ceda	ar Hil	l Crem.	Su	itland	P	3.	Mb.
07/B4	BP	24 FI	remat	CTOR	7/19/87					REGISTRAR 256 REG			
25M													
25M	DHMH - 17 (VR A15 ME (5))		NAME		ngley				111 9		the David		dallo

Leonardtown, MD

W. Clarke Mattingley

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 293 2 DATE KNOW (TYPE OR PRINT) OF ESTI-OF FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS Smith Patricia 6-87 Day 4 RACE AGE IN YEARS IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 5:45P DEAD WHITE Female 24 1956 TE BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) Charles County WIDOWED DIVORCED Baltimore.MD ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Physicians Memorial Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY School Bus La Plata Driver JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ MDMary' BALTIMORE, MD. ATHER'S NAME 15. MOTHER'S MAIDEN NAME Marbury Councell Margaret DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Mother PAGES Rt. 3 Box 240 In Law 219-58-7233 Esther Leona Smith Lexington Park ical Examiner Along Wij A Burial - Transit Permit P H and Mental Hygiene, div Mation, or Removal. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) MD. 2065 RETWEEN ONSET AND DEATH PRESTON ST Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND MISALER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MISALIMORE, MARYLAND 21201 PRIQR TO BURIAL, CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 3:00 RM 7-16-HOUR A.M. MONTH DAY Passenger in auto/auto collision 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) of Carrico Road, Hughes Ville, Charles road Co., MD X f the remains described above held on 22a. I certify that Autopsy Inspection and in my opinion death resulted f Homicide L Undetermined manner Suicide TITLE (SPECIFY) 7-17-87 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Kokes, M.D. ADDRESS 111 Penn St., Balto., MD 21201 Charles P/. TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 7/19/87 Suitland P.G. MD. Cremation 07/84 CECHS DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) W.Clarke Mattingley Leonardtown, MD

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dir.	M 19 CO WITH DIV		18 CAUSE C	OF DEATH	Enter anly	ane cause 8Y:	per line fo	ar (a), (b)	rdiaga	rrvthm			2011		.,,	,	-	APPROXI	IMATE INTERVAL DISET AND DEATH
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ION OF	GTHE WO TO THE HOULD BE WARTMENT	MEDICAL CER	21a EXTERNA UNDERLYING CONTRIBUTI	G OR	USE OF DE	EATH HO	TIME OF I UR A,M, P.M.	MONTH	. 19	R	10.1	OCCUR	RED (ENTER	NATURE OF	INJURY IN ITEA	4 16 PART 1 C	OR PART 2)		
DIVIS	WRITIN WARDED PAGE 3 S TATE DEP	MED	WHILE AT WORK	NOT W AT WO	HILE		PLACE OF		(AT HOME,	211. LOC s	REET			CITYOR	IOWN		COUNT	Y	STATE
•	AL EXAMINER. HE CERTIFICATE HOULD BE FORM AL DIRECTOR: TH, WITH THE S. E. MARYLAND.		22a. I certi death result ACTUAL SIGNATURE,			af the remo		ibed aba	ve, held an	Autaps	Hamic	Inspectition Inspection Inspectio	Under	Inquired	manner [	and in m	ATE		0-87
	MEDICAL ECUTE THE CGE 4 SHOR CGE 4 SHOR FUNESAL TER DEATH		EXAMINER'S (TYPE OR PRI	NAME NT)	largai	rita i	V A. Ko	orel]	l, M.D	•	DDRESS_	111 1			Balt	19-24		2120	
07:84	8P 6 82	E	URIAL, CREMA Surial			-23-	87	100	njemo				CITY	VORTOWN Nanj	emoy		county	les	STATE MD
25AA	DHMH - 17 (VR A15 ME (5))		NAME Chart		eral	Hom	ADDRESS e Ir	nc.	LaP1a	ta.	MD	25a. DATE	RES'D B	1987	RAR 200	EGISTRAF	S. NG	NA BE	all

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-حد	1				STATE OF MARYL	AND			
70.	1	FOR STATE		DEPARTA	NENT OF HEALTH AND	MENTAL HYG	IENE		-17
	1.	REGISTRAR			CERTIFICATE OF D	EATH	8 / REG. NO. 2	0 4 9	J
62112 AUG	T DE	FASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
0 0 =	<b>W</b> YF	CLAU	IDE'		VENEY		7-30-	87	437 Am
.4 may be tar, page after deat	3. SE		4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 r ectar, rs affe		MALE	BLACK		1 <sup>MONTH</sup> 1 <sup>MAY</sup> -	3°2	54 YRS.	MONTHS   DAYS	HOURS MIN.
8 50 E3	- 7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER	AARRIED []	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
n 72	V	RGINIA	UNITED S	TATES		VORCED	CHARLES		MD.
er d with	10 0	ITY OR TOWN OF DEATH		AL, NURSIN	G HOME OR OTHER INST	NOITUTION	120 USUAL OCCUPATION		BUSINESS OR
by the filled with		A PLATA	PHYSICIAN	S MEMO	DRIAL HOSPIT	AL	SUPERVISOR FA	E EDUCA	ATION
hour d be	13a	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAND 136 COL		DENCE BEFORE		ITY LIAAITS?	13e STREET ADDRESS / ZIP COD		20611
n 22 moull	22.0		TARLES BE	LALIC	YES [	NO 🐮	305 BelAlton	-Newtow	vnRd.
withi letely d 2 sl	14. F	ATHER'S NAME	MIDDLE	LAST	100000000000000000000000000000000000000	MAIDEN NA		JAST_	
P G G	4	ERNEST		VENE		ÄRRIET		PHILI	
e executed and comp		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	CIAL SECU			305 Berialto		
is Po		NO		3-30-	-413 UMARY	J. VENE	EY BELALTON, M		
lysic ape ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for SED BY:	(a), (b), and	dici.)	1	0 11 4	BETWEEN ON	ATE INTERVAL ISET AND DEATH
10000			ATE CAUSE (0)	Uk	ute I huy	reache	2 Organia		
death on Tid			DUE TO, OR AS A	CONSEQUE	NCE OF		0		
# 6 6 0		Conditions, if any, which gove rise to immediate	(b)						
b b l.		couse (o), storing the underlying couse lost.	DUE TO, OR AS A	CONSEQUE	NCE OF			B 450.00	
o o o o			(c)						
signe signe hen p ra bu	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO E	DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110	
y in T	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION F	OR WHICH	OPERATION WAS PERFO	RMFD	20a AUTOPSY? 20b. IF YE	S, WERE FINDING	SUSED
ws or ws or	FF						IN CERTI	IFYING CAUSES O	
N: Thy sicial cate Hygie Hygie	4 #	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUI	RY	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18		NO []
A TO F		OR CONTRIBUTING CAUSE OF D		ONTH DA	Y YEAR				
HYSIC ading his cert burial and Menter or then	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJE	URY	19 211. LOCATK	N			
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE F	ARM, ETC ) STREET		CITY OR TOWN	COUNTY	STATE
DING P or after After these os the se os the marked		220.1 certify that (1) this has	pital) attended the deces	sed from _	#13	197	9 10 7-30	1987 the	a (II) (we) lost
TOR TOR of He		sow the deceased alive a	1-78	10 %	ond that in (my)	(our) opinion	death occurred on the date and ha	ur and from the co	
OR AT DIREC DOREC Dopt.		obove, (1) (we) (did) (did r 22b. SIGNATURE	of view the body offer de	eoth.	DEGREE			22c. DATE SI	GNED
1 + 1 + 0			1 Jun + 1	3unl	hes "	TTENDING PHYSICIAN	MEDICAL STAFF	7.30	78-C
PHT VER AN Sta	1	22d. PHYSICIAN'S NAME (TYPE HENRY L	OR PRINT)		22e. ADDRES		DUME TOK ENTRE THE SERVICE OF THE SE	, 20	
O HOSPITA etained by TO FUNERA should be de		HENRY L.	BURKE, M.D	•	LaF	lata.	Maryland 20646		
Short Short	23a.	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. N	AME OF CEMETERY OR		23d LOCATION		
BP		(SPECIFY) BURIAL	8-1-87		HILOH COM			HARLES	MD STATE
	24 F	UNERAL DIRECTOR				25g. DAT	E REC'D, BY REGISTRAR 25h REGIS		- 12 COMP
DHMH - 16 60M 7/84 (VRA 15, 4)	TH	HORNTON FUNE	RAL HOME	ADDRESS	POMONKEY,	MD. AU	100 CO		

#### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CE	RT	IFICAT	E OF	DEATH	

J	2 REGISTRAR	12,000,000,000	-		REG. NO.	0 3				
	OBJASED NAME FIRST	WASH	INGTON	AST	28. DATE OF DEATH MONTH	8 87 111:44p				
	3. SEX FEMALE	4 RACE BLACK	S. DATE O	F BIRTH - 15- 03 FEAR	6. AGE (IN YEARS LAST BIRTHDAY)  83  YRS.	IF UNDER TYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.				
-	MARYLAND	76. CITIZEN OF WHAT COL	AAADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT CHARLES	Y OF DEATH MD.				
L	A PLATA	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GIT  PHYSICI	ANS ME		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOUSEKEEPER	176, KIND OF BUSINESS OR INDUSTRY  GOVERNMENT				
-		ARLES MAR		YES NO X	13e.STREET ADDRESS / ZIP COD ROUTE 224/	20658				
)	GEORGE		MMONS	15. MOTHER'S MAIDEN NAM CARRIE	E.	VINCENT				
	160. WAS DECEASED EVER IN U.S. AR.  N 055, NO OR UNKNOWN) (IF YES, GIV	5 1114 D D D 1 7 7 7 1	-44-4536	17. INFORMANT  CONSTANCE	ADDRESS E MILSTEAD MA	RBURY, MD.				
	PART I. DEATH WAS CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  TAILURE								
	Conditions, if any, which	DUE TO, OR AS A SOF	NSEQUENCE OF	arrest		30 minute				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	gestive "	Heart Faile	ne off and of	Too months				
	PART 2 OTHER SIGNIFICANT OF DIABETER M	ellitia !	anemia	arthuit	7	IVEN IN PART 110				
)	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATION		YES NOW Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO				
ALL ST	OR COLUMN THE CALLES OF DE		TH DAY YEAR		ED {ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2}				
	GRECONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	saw the deceased alive an above, (1) (we) (did) (did no	27a L certify that (I) (this hospital) attended the deceased from								
	22b. SIGNATURE  Quello C. C	le la fler M	r.D.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 7 - 9 - 8 7				
1	27d PHYSICIAN'S NAME (TYPE OF	DELAPAZ		22e ADDRESS  LA PLATA	, MD.					
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 7-11-87	23t. NAME OF C	CHARLES	23d LOCATION CITY OF TOWN GLYMONT	CHARLES MI				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the period in physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremating, for removal.

IMPORTANT: If them 21 is marked ar them 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician ary injury, ar other traumatic event, the medical

FOR STATE

FUNERAL HOME POMONKEY, MD

DATE REGION HISTORY

## STATE OF MARYLAND

0618954	1 UG	STATE DAVID		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	O / REG. NO.	
may be page 3	DE	CEASED NAME FIRST Daivd	MIDDLE E.	Wilkerson	July 28, 1	987
4 00	3 SE	Male	RACE Caucasian	And 9, 1945	6 AGE (IN YEARS LAST BIRTHO	YRS
death. Page	M	IRTHPLACE (STATE OF FOREIGN aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	charles	COUNTY OF DEATH MD.
by the fulled with	In	dian Head	Rt 2 Box 27 Berr		120 USUAL OCCUPATION ELECTRONIC	Tech. Vaval Ord. Stat
in 24 hau hindled in hindled be must be	Ma	ryland Charl	lingian F	lead 13d. INSIDE CITY LIMITS?	Rt 2 Box 27	
mpletel with	J	ohn FIRST E	Wilkerson	n, Sr. Virginia	WIDDLE	Webb
Poges 1	16a V	NAS DECEASED EVER IN U.S. AR YENAVY <sup>NKNOWN)</sup> 1.965 <sup>21</sup>	1969 ATES) 166 SOCIAL SECU 216-48-8		ilkerson Sam	e as 13 A-E
criticale be original		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an ED BY TE CAUSE (a) CA RDIA	100001-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is that the death to death to by the ottending please remave carried, cremation, or at ather traumatin.		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	10	romb of co	LON	TON CIVE NORTH
he law require an. has been sign t permit. Then ene priar ta bu	CERTIFICATION	19a DATE OF OPERATION	R ST.	OPERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \sigma \color \col
IYSICIAN: Th ding physicia s certificate burial-transit Mental Hygis		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.	AY YEAR 19	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART ?)
affer this sister the bust the bust hand Missisted and Mis	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	PARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	C OUNTY STATE
spitel or Spitel or CTOR: A for use of Health		saw the deceased alive on	ital) attended the deceased from 12-23-86 19	9 - 5 - 85 , 19, and that in (my) (aur) apinia	ta 12-23.&	and hour and from the causes stated
by the hasi by the hasi ERAL DIREC e detached State Dept.		1226. SIGNATURE	Hatte	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIA	22c. DATE SIGNED
HOSPI bined b buld be th the S		Krishan MA	orprini). thur, M.D.	22e ADDRESS	ALI ROAD, 1:	DALBORF MD 2060
₽₽ <u>₽₽₹₹</u>		BURIAL, CREMATION, REMOVAL Burial	07/31/87 Mar	Name of CEMETERY OR CREMATORY  Tyland Veterans Ce	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR LEE E	uneral Home, Inc		ATE REC'D. BY REGISTRAR 73	REGISTRAR'S SIGNATURE

(VRA 15, 4) 663\$ Old Alexander Ferry Rd Clinton, Md 20735

1AU6 04 1987 0

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# STATE OF MARYLAND

2	À.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.									0	
4		CEASED NAME	FIRST		WIDDLE		AST			ONTH DAY	YEAR	26 HOUR A
4	int.	41.40.00	Ambro	se	1	Willett			7 1	7 87	3:25M	
	1. 5EX			4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHE	DAY) IF (	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Ma	ale		White		3		1911	1 76	YRS	VINS DATS	HOURS MIN.
7		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRI	ED 🗍	9. BALTIMORE CITY OR		FDEATH	110
		aryland		U.S.A		WIDOW			Char	les C	QUNTY	MD.
0	10 CI	TY OR TOWN OF DEA	HTA		HOSPITAL, NU		OR OTHER INSTITUTION	ON	12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
4		LaP1ata		Phys	icians	Memor	cial Hos	pita	1 Plastere		P.W.	Parker
		AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE B		13d. INSIDE CITY LIA	MITS?	13e.STREET ADDRESS / Z	IP CODE	DATE	
)	Ma	aryland	Cha	rles		ePlain			Rt. 1 Box		206	695
×	14. FA	THER'S NAME	,	WIDDLE	LAST	T. Com	15. MOTHER'S MAIL	DEN NAM	MIDDLE MIDDLE	3	LAST	
2	-	James H.	Will				Rosal	ie	Mode	Winkl		1842
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL S	ECURITY NO.	17. INFORMANT	Wife	ADDRESS			
		Vo	N	/A	579-10	0-7192	Salley	Wil	llett, Sa	me as	13	
		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	BY:	line for (o), (b	ond ic	, tarta	tich	Produle Co	men	BETWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF										face.
		Canditions, if ony,	which	1	r as a conse	OUENCE OF						
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last.										
_		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										,
-	7	101										
ŧ	A.	19a DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PE			N WAS PERFORMED	S PERFORMED 200 AUTOPSY?		106 IF YES, W	VERE FINDIN	GS USED
								YES NO NO	YES [	CAUSES	NO [	
5	CERT	21a. ACCIDENT WAS UND	-				21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY	NITEM IS PART	I OR PART 2)	700
7	AL	OR CONTRIBUTING (		111	M. MONTH	DAT TEAR						
	MEDICAL	214 INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY	STATE
	×	WHILE NOT WH	RK	(AT HOME, ST	REET, FACTORY, OFF	FICE, FARM, ETC.)	374661		CITY ON TO THE			3.4.4
		220.1 certify that (1)	(this haspit	al) attended th	ne deceased fro	om	19.	77	_, to	6 . 19	81.	that (I) (we) last
		saw the decease	ed olive on	) view the bady	olter death	9 2 , 01	nd that in (my) (our)	opinian d	eoth accurred on the date	and hour o	nd from the	causes stated
Н		abave, (1) (we) (did) task eat) view the bady after death.  27b. SIGNATUR  DEGREE								22c. DATE	SIGNED	
		JESTELV.					ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D				7-87	
1		22d. PHYSICIAN'S NA	AME (TYPE OF	PE OR PR			22e ADDRESS					1
		Daniel Howell MD, LaPlata, Md.										
	23a. B	BURIAL, CREMATION,	REMOVAL	236. DATE		23¢ NAME OF C	EMETERY OR CREMA		23d LOCATION		OLINIA	STATE
		Burial		7/20/8	37	Trinit	y Memori	al	Waldorf,	Cha	rles	. Md.
-	24. FL	JNERAL DIRECTOR		72.11	ADDRE	. P.O.	Box 156	250. DATE	REC'D. BY REGISTRAR 25			URE
	Huntt Funeral Home Waldonf Md 20601 JUL 20 1987 Julia Dirigin.											

DHMH - 16 60M 7/84 (VRA 15, 4)

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And not be to the standard and the same to the same to the standard and the same to the sa